



MOTOR CARRIER DIVISION
555 WRIGHT WAY
CARSON CITY, NV 89711-0600
(775) 684-4711
fax (775) 684-4619
www.dmvnv.com

**SUPPLEMENTAL GOVERNMENTAL SERVICES TAX
AFFIDAVIT**

Nevada Carrier Number

I _____, declare that the vehicle(s) described below is/are to
be operated

(Please check appropriate box)

☐ Interstate or Intercounty

☐ Intracounty in County _____

For Office Use Only

{I1/N2}

{N1}

Vehicle Information:

_____ Year	_____ Make	_____ Identification Number
_____ Year	_____ Make	_____ Identification Number
_____ Year	_____ Make	_____ Identification Number
_____ Year	_____ Make	_____ Identification Number

I swear under penalty of perjury that the above statements are true and correct.

Signature

Date

Subscribed and sworn to before me this _____ day of _____, 20__.

Notary Public or Authorized DMV Employee